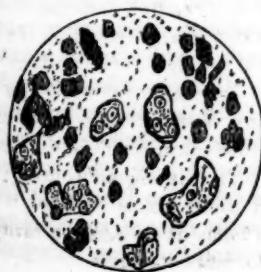




The above cut exhibits the crest of the ilium, with a narrow strip of diseased bone; the entire destruction of the acetabulum, leaving the head of the femur, which is highly diseased, protruding into the cavity of the abdomen, and surrounded by a cancerous mass, and bound to the remaining portion of the ischium by bands of fibrous tissue or false cartilage. The bony union of the femur at the seat of the fracture is imperfect, and contains cancerous deposit.

By the kindness of Dr. Woodhull I am enabled to present you the microscopic appearance of the cancerous deposit both in the hip and mamma. This drawing, which the Doctor carefully prepared, after a well directed and pains-taking examination, puts the nature of each beyond doubt; not only that the mamma is scirrhus and the hip encephaloid, but that we have both forms of disease in the same subject.

[Fig. 1.]



[Fig. 2.]



[Fig. 3.]



[Fig. 4.]



Figures 1 and 2 are representations of a portion taken from the mamma. Figures 3 and 4 are representations of a portion of the cancerous mass deposited within the pelvic cavity.

The scirrhus of twelve years, the encephaloid of unknown, but in all probability of

less than a year's duration, add another instance to the list of proofs of the common parentage of both forms of the disease, strengthening the theory that both diseases are identical in their nature, and differing only in form; the scirrhous of higher organization, approaching nearer the vitality of reparative cell organization, while the encephaloid exhibits a lower and more depraved organization of the reparative cell growth.

Scarlatina and Croup.

By B. WOODWARD, M. D.

Of Galesburg, Ill.

During the past winter and spring this place has been afflicted with a severe epidemic of scarlatina. As we have no registration law, I have not been able to ascertain the number of deaths; neither can I say what the number of cases has been. If thought worthy of a place in the *REPORTER*, I beg leave to call the attention of your readers to some of the peculiarities of this epidemic, as they have appeared to me. In the early history of the epidemic, almost every case was sudden and violent in its onset; strongly marked congestion of the brain, with angina. In these cases the rash did not show itself well, or was of a livid color. The most of them proved fatal within three days of the attack. After the disease had become general through the town, it assumed more of a typhoid form, the throat affections being severe, and the ulceration malignant in its character. In an epidemic which I saw some years since, I was struck with the erysipelatous character of the disease; in the present epidemic this resemblance has been remarkable. Not only was it manifested in the true scarlatina patients, but those who had had the disease previously, if much in attendance on the sick, were frequently attacked with erysipelas.

In one family, where there were five children sick with scarlatina, the mother was brought to bed with her eleventh child. On the fourth day of her confinement she had an attack of puerperal fever; large erysipelatous spots covered the abdomen, involving the vulva and extending down the insides of the thighs.

This erysipelas was the worst feature in her case; and though she ultimately recovered, it was only after a long sickness. This case might have been looked on as only coincident, were it not that several cases of erysipelas occurred among adults taking care of the children sick with scarlatina. In the number of the *REPORTER* for January 21st, you did me the honor of inserting a short article on treatment of scarlatina, in which I urged the use of quinia. Since that time I have been led, by my views of the relationship of scarlatina to erysipelas, not only to the use of quinia, but also to combine the use of the tr. ferri chlor. with the quinia, in as large doses as the patients could bear, and with the best effects. Particularly has this treatment been efficacious in the more malignant and typhoid cases. Both the quinia and tr. ferri chor. have tended to arrest the excessive sloughing of the throat, and correct the depraved condition of the blood. In scarlatina there seems to be a strong tendency to typhoid condition, or rather to that dissolved state of the blood which we find in erysipelas, and unless this is counteracted the patients sink. The nature of the ulceration in scarlatina seems to be almost identical with that form of erysipelas popularly known as "black tongue," and, in some cases, has been nearly as rapidly fatal. During the epidemic, we had several cases of what is called "croup," in those whose throats were badly affected. I have not been able to trace any points of real resemblance between this *croup* and *true croup*, except the sound of the cough and the dyspnea. In scarlatina and erysipelas there is an aplastic condition tending to sloughing and gangrene, requiring a tonic and sustaining treatment; while in *true croup* there is a plastic state tending to formation and accumulation of false membrane, and requiring such remedies as will counteract this tendency. Calomel, in large doses, frequently repeated, I find does this more effectually than any other remedy. Antimony is highly praised and recommended by good authorities as a remedy in croup, but I have not found it so effectual as the calomel, and at the same time it is more likely to produce watery stools. In

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scarlatina, especially in the more malignant cases, I do not dare to use mercurials, they seeming to produce that state of the system we wish to obviate.

Some three cases of diphtheria, which I have seen during the past year, seem to have characteristics in common with the sore throat of scarlatina and croup. We have the malignant or putrescent form of scarlatina, with the membranous exudation of croup. One of these cases proved fatal; the false membrane was dislodged from the fauces and tonsils, but extended into the bronchia. In true croup, I am not aware that fetor of the breath is ever present, or if it is, only in the last stages.

My limited reading has not informed me that the relationship between erysipelas and scarlatina has ever been alluded to. Perhaps some of your correspondents may be led to give us their views on the subject. Scarlet fever is so fatal a disease that any light which can be thrown upon it will be of great service.

Insufficiency of the Internal Recti Muscles —Tenotomy of the Left External Rectus.

By T. E. OSMUN, M. D.

A case of a species of *Hebetudo Visus*, with slight amblyopia, has recently come under my observation, a brief report of which you may, perhaps, deem of sufficient interest to justify its publication in your valuable journal.

Some time ago Jacob H., a robust German, at 20, called at my office to consult me about his eyes, which, he said, had been troubling him seriously for the last four or five years. He complained that he could not read or write more than three or four minutes without stopping, and said that using his eyes on near objects caused pain in his left temple, and an unpleasant "pressure" (*Drücken*) in both sockets.

The general health, appearance and habits of the patient, were anything but such as to make me suspect I had a case of ordinary *Hebetudo* before me.

I tried his vision, and found that he could read ordinary type with the right eye without much difficulty, while, with the left eye, he

could scarcely read largest type the size of the letters on the cover of your journal.

This led me to mistrust there was something wrong with the recti muscles, and on examination I found a decided tendency in the left eye to turn outwards when the patient looked steadily for a short time at an object held near him. I diagnosed *insufficiency of the internal recti muscles*, (*Insufficienz der Recti interni*. Graefe. *Störung des Sehermögens in Folge einer unbedeutenden Verkürzung oder überwiegenden Kraft des äusseren geraden Augenmuskels. Ruete.*) and advised the patient to submit to the ordinary operation for divergent strabismus, to which he readily consented; but owing to some business arrangements, he delayed the operation until the 2d day of this month, when I performed it in the usual manner, with very satisfactory results.

The sight of the left eye began immediately to improve, and on the 18th inst., sixteen days after the operation, he was able to read, with the left eye alone, type the size of that you use for the original matter in the REPORTER.

The vision of the right eye is improved, but as yet only slightly. Patient experiences comparatively little inconvenience in reading and writing, and the pain in the left temple has disappeared, although he still complains of "pressure" in the sockets.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(Reported by Wm. B. Atkinson, M. D.)

WEDNESDAY EVENING, MARCH 28.

DR. COATES presiding.

Subject for Discussion: DIPHTHERIA—continued.

DR. REMINGTON said: This being an adjourned meeting, for the purpose of continuing the discussion on diphtheria, he would confine himself to the consideration of its nature and treatment, as illustrated by a few cases.

It would appear that diphtheria prevails as an epidemic, and resembles the exanthemata in its character and mode of propagation, and is of various degrees of malignancy, some cases so mild as to require little or no medical treatment, while others have defied the best directed efforts to prevent a fatal termination, especially when it has simulated

croup. Objections have been made to the name *diphtheria*, or *diphtherite*, as not sufficiently descriptive and definite in its meaning, so as to localize the disease. We regard with more favor the term *malignant sore throat—angina, or cynanche maligna*. It is doubtless a constitutional affection, dependent on some blood poison. Some practitioners have labored diligently to draw a line of distinction between true *membranous croup* and *diphtheritic croup*. In the latter, the exudation is usually observed on the uvula and tonsils, extending into the pharynx, and involving other mucous surfaces, as the vagina, internal coat of the bladder, external and internal meati of the ear, and nasal passages. The countenance is said to be generally pale in true croup, while a thin, watery discharge issues from the nares in the diphtheritic form. It is affirmed that the stridulous barking peculiar to genuine croup is modified or absent in diphtheria, and that the spasm of the glottis and sense of impending suffocation, amounting to asphyxia in true croup, does not obtain to the same extent in diphtheria; while in croup, there is a strong tendency in the blood to throw off coagulable lymph, attended by a sthenic or inflammatory diathesis, there is in diphtheria an evident prostration of the vital forces, and symptoms indicative of a disorganization or dissolution of the blood, in this respect analogous to scarlet fever, measles, erysipelas, puerperal fever, &c. A large proportion of the cases seen by the speaker scarcely required medical interference, giving way to stimulating pediluvia, a cathartic or emetic. In a family of ten persons of different ages, the disease ran its course in about three weeks, attacking the members at various intervals, some two or three at one time. The youngest was an infant, aged 8 months, and it proved to be a violent attack of croup, which happily yielded to an emetic of syrup. scillæ comp., and a full dose of calomel.

In another case of croup, in a child 3 years old, of diphtheritic character, he resorted to the free application of the solid arg. nitrat, to the fauces and upper portions of the larynx and pharynx, on two days in succession, with most decided advantage, together with syrup. scillæ comp., aided by powders, each consisting of ammon. muriat. gr. iij. calomel, gr. $\frac{1}{2}$. tart. ant., gr. $\frac{1}{2}$, and repeat every two hours; resulted in entire recovery, although the aspect of the case was truly formidable, the disease having acquired force and permanency by mismanagement and exposure in the onset; the family having previously, lost two fine twin boys, aged about 14 months, in the same family, by the infinitesimal treatment. Two older children, in another family, were lost at short intervals, under homœopathic treatment, in which one of the Drs. declared, when catechised by a neighbor, that an emetic in croup was certain death!

Dr. R. could not regard diphtheria as a new disease, and scarcely thought it entitled to that high consideration and importance with which the profession have usually viewed it.

The question has been asked, in what manner is diphtheria related to scarlet fever? Have they any symptoms in common? Most unquestionably they have points of resemblance, both as relates to their pathology and treatment. It is true there is no rash or efflorescence in diphtheria, but there is the sore throat, of varied intensity, the accompanying typhoid fever, the epidemic character attending both diseases. He recollects attending, some years since, a protracted case of malignant scarlatina, of unusual severity, in a highly respectable family, in which nearly every adult member was attacked with violent tonsillitis and ulceration, but without eruption.

He treated this disease on general principles, with warm stimulating pediluvia, especially when ushered in with chilliness—emetics, calomel, saline cathartics—cooling diaphoretics, demulcent drinks, and a restricted diet.

Astringent gargles and argent. nitrat. he found very serviceable, in some cases, as local appliances.

Where there was much prostration, and symptoms of malignancy present, the chlorate of potassa or soda, both as a wash and internally—*quinia* and *tr. ferri chlorid.*—are highly recommended, although the speaker had not seen any cases requiring their employment.

He had also remarked a strong tendency to the formation of boils in patients recovering, or, indeed, while suffering under an attack of diphtheria. He noticed ulceration of the tonsils in many of the cases.

The bill of mortality for Philadelphia, for last week, gives 11 deaths from scarlet fever, 9 from diphtheria, and 6 from croup. While New York reports 67 deaths from scarlet fever, but no notice is taken of diphtheria or croup in the report. It is stated on good authority, that more than 2,000 cases of diphtheria occurred in Albany last year, attended by 188 deaths. It appears, also, to have prevailed extensively in the city of New York this winter. The number of deaths from that cause we are unable to furnish.

By inquiry among his professional friends, he had ascertained that many of them have not encountered the disease recently; he had been informed by the Visiting Physician of the County Prison, that there had been no cases of diphtheria in that institution.

Dr. DARRACH related a case, giving the history and autopsy as follows:

A. C., aged 3 years and 3 months, was always with very slight exceptions, in good health, until

the 24th of last March. On the morning of this date he awoke with a slight cold in his head, but at breakfast he was buoyant and with usual appetite; from 8 A. M. to 3 P. M., the bowels moved three times with a yellow lax, which was unusual; nevertheless he ate his dinner. But after a short walk, he, at about 5 P. M. became sick and vomited. At 7 P. M. he was put to bed, and at 10½ P. M. he awoke for drink. This he soon threw off the stomach, and again slept, but his skin became heated, and though he now frequently drank during the rest of the night, the water was retained.

On the 25th, though feverish, he ate his usual breakfast of bread and milk, with appetite, except that he ate only a small portion of the bread. During the day, he was fretful, and lolled about his mother, and toward evening so feverish that the father called upon me for advice. I prescribed a grain of calomel, which freely moved the bowels in the morning, after a restless night.

26th. 9½ A. M., I found the child with a contracted pulse of 123 per m., skin heated and covered with an erythema which flashed back its scarlet color over the spots suddenly pressed upon by the fingers, the conjunctiva of the lower lids of uniform scarlet congestion. At 5 P. M. pulse more contracted, and 144 per m., skin more heated, erythema of deeper scarlet color, and now abundantly sprinkled with areolated and non-areolated papillæ, thereby constituting the eruption that of scarlatina simplex as admirably displayed in Alibert's plate of said exanthems. I gave a favorable prognosis to the parents.

27th. The father at 6 A. M. called upon me in haste and extreme anxiety to pay an early visit, stating that the child was suddenly attacked in the night with suffocation, followed with an extreme aggravation of fever, and had now become unconscious.

I found the child on his back without countenance regardless, retracted upper eye-lid, fixed eye-ball and sightless, with contracted pupil, also nail at rest, lips without venous congestion, and so indeed remarkably the finger and toe nails, the lower jaw rigidly closed, and the upper limbs frequently affected with spells of tetanic spasm, all indicative, apparently, of some fatal disease of the base of the brain, the sensorial and diastatic system being both extremely implicated.

The throat and chest symptoms were peculiar, not those of strangulation, suffocation, or pulmonary dyspnoea, no croupy noise, no tracheitis; but on the contrary, it was without flushing of the face and turgescence of the cervical veins and heaving of the chest. The head and neck were fixedly bent into a curve as in opisthotonus, and the breathing was passively arrested with intended

deep inspiration as in pertussis, but without its hooping noise, resembling, rather than this, the noiseless gaspings of the moribund state. The uniform papillated erythema of scarlatina simplex had now given place to irregular patches of venous breadth of a maroon color, with pale finger and toe nails. Whilst observing this cephalic, thoracic, and cervical category of symptoms, there occurred a sudden gust of blood from nose and mouth, which in color so resembled that from the stomach, that I judged it haematemesis from hepatic congestion with epidemic primary capillary congestion of the duodenum. Under the notion that the obstructed respiration was owing to the existence of a capillary congestion of the lining membrane of the larynx, which, by its oedema or fibrinous transudation, had closed, or greatly so, the rima glottidis, a blister was applied over the front of the neck which promptly drew and relieved the breathing to so great a degree that anxiety in regard to respiration was much relieved. Nevertheless there was no let up of the sopor, unconsciousness, extreme prostration, tetanic spasm and maroon colored patches of the skin, and extreme contraction and frequency of the pulse, under which the child died at 11½ A. M., after about seventy hours sickness, of which the first sixty about were those of scarlatina simplex, and the latter those of a supervening novel category.

The autopsy was made at 7 A. M. of the 4th inst., 20 hours after death, in the presence of Drs. Wiltbank, Fricke, and Messrs. Wilson and W. Darrach.

Habitude. The maculae and papilla still exist, but their maroon color during life has changed to an indellible bright red. The lips are congested, swollen, and of a dark-bluish purple.

Throat, chest and abdomen. A longitudinal incision from chin to pubis, having exposed the base of the jaw, the trachea, lungs, heart, stomach, bowels, liver and urinary bladder, the following special examination was made.

The submaxillary glands were in a normal condition; the integuments and subjacent binding tissues of the throat were without congestion and transudation, and the muscles of the neck were of normal color and well developed.

The heart was contracted and firm, and its contained blood, though dark and thin, was found, under the microscope, to have its corpuscles perfect and in full abundance.

The upper lobe of the left, and upper and middle of the right lung were collapsed, entirely crepitant, and of a pale grey color, and the lower lobes of both lungs were of a pale reddish purple, crepitant, and, when variously sliced, afforded a mere smearing of blood, demonstrating a complete absence of venous congestion, which circumstance, in connection with that of the peculiar dyspnoea during sickness, is

remarkable. The bronchi of both lungs and the trachea and larynx were also found without marked appearance. From the laryngeal surface of the epiglottis to the extreme bronchi, the lining membrane of the air tubes was entirely without capillary congestion. In respect to its laryngeal portion covering the rima glottidis, it presented the ordinary exsanguineous condition of dead laryngeal membrane, with neither fluid nor coagulated transudation, notwithstanding the extreme laryngeal symptoms, which seemed to indicate a lesion of the rima glottidis, and which demanded and were removed by the application of a blister to the throat. And in respect to the laryngeal surface of the epiglottis, its white exsanguineous appearance was in extreme contrast with the uniform maroon capillary congestion of its buccal surface, demonstrating a distinct terminal line of the pharyngeal membrane, at the edge of the epiglottis. This indelible congestion of the anterior surface of the epiglottis is in common with that of the back of the tongue, soft palate, lateral half arches, tonsils and pharynx, which are now more specially to be noticed. The soft palate and lateral half arches and tonsils, were of a pale scarlet, sprinkled sparsely with minute papillæ. But a deeper red, and of a maroon tint, colored the base of the tongue within a defined curved line, anterior to the papillæ magnate, and also the fosse at the base and sides of the epiglottis, and upon the external surface of the thyroid and cricoid cartilages, to a defined horizontal line, which begins the tracheal side of the oesophagus. Here the maroon redness was more decided, and so also on the cervical and cranial side of the gullet, or pharynx, where it also presents a defined line at the junction of the Schneiderian membrane.

The lesion in this case is a uniform capillary congestion, of a maroon color, with papillæ—an *exanthem*—of the entire pharyngeal membrane, and that exclusively. The distinct lines of demarcation displayed in the autopsy at the papillæ magnate of the tongue, the edge of the epiglottis, the upper edge of the oesophagus, and the posterior edge of the Schneiderian membrane are extremely interesting. They disclose and demonstrate the anatomical extent of the pharyngeal membrane, which an arbitrary knife dissection could never have accomplished; the limit which febrile capillary congestion will obey, and yet more to the point, that such congestion can, by contiguous sympathy, excite important categories of sensorial, spinal and pulmonary symptoms. The transudation upon the congested pharynx was only so far fibrine as to be quickly commuted into pus, which with mucous and young epithelial cells, constituted the smear upon the red surface, as appears from the following microscopic examination by Dr. J. Darrach, viz.:

Microscopical Examination of Matter Removed from Surface of Muco-Membrane of Bronchia and Pharynx.

The mucoid matter removed from the bronchial tubes, consisted of the ciliated epithelium which line these tubes. The mucous membrane of the pharynx had no patches of lymph in any part of its surface, but in the various depressions in the mucous membrane, and from the surface generally could be obtained a purulent fluid, which consisted of young epithelial cells, with corpuscles resembling pus.

Dr. CONDIE remarked that the case from which the pathological preparation on the table was obtained, as detailed by Dr. Darrach, did not strike him as one of unquestionable scarlatina. Though he admitted that this might, in a great measure, be owing to the manner in which the case had been narrated. Had he seen it, it is probable that his views in relation to it might have been in correspondence with those of Dr. Darrach. It is very certain, however, that an eruption upon the surface, of a dark red color, consisting, on the third day, of papular elevations, each surrounded with a distinct areola, accompanied with inflammation, indicated by a dark modena hue, of the fauces, and intense difficulty of respiration, would not present, in his judgment, the characteristic phenomena of scarlet fever in any of its several forms.

The dissection upon the table presented, Dr. Condie thought, unquestionable evidence of inflammation of the faucial and pharyngeal mucous membrane. The color of the inflamed surface during the lifetime of the patient is described by Dr. Darrach as of a very dark or modena hue—which is the appearance almost always of the inflamed throat in cases of membranous angina, but very different from the “bright red, brick-dust hue” of the throat in cases of scarlatina.

In some of the epidemics of membranous angina, in the more malignant cases, a diffused papular eruption upon the surface, of a dark red color, has been repeatedly observed. Two instances of such an eruption in unquestionable cases of membranous angina, Dr. Condie had observed within the last two weeks.

The inflammation of the throat in membranous angina is, at first, always confined to the pharynx and tonsils, its limits being marked by a sharp, well defined edge. When it extends, which is commonly the case, it invades anteriorly the soft palate and the nares, and posteriorly the oesophagus. In many cases, it is true, and more frequently in some epidemics, and in certain localities than in others, the inflammation extends to the mucous membrane of the larynx and even of the trachea, in which cases all the pathognomonic symptoms of membranous croup become developed. We should recollect, also,

Dr. Condie remarked, that, without this extension of the disease upon the respiratory mucous membrane, we may have produced the most intense croupy symptoms, in young and very susceptible subjects, in consequence evidently of a spasmodyc affection of the glottis, caused by the reflection upon the latter part of the irritation from the fauces. In such cases the croupal phenomena—if the spasm of the glottis, from its severity and long continuance, does not on its first occurrence destroy life, are always intermittent. Dr. Condie believed that in the case described by Dr. Darrach, the marked disturbance of respiration was due to this cause; though he found it difficult to understand precisely what was the character of the difficulty implicating the respiratory function from the description given by the gentleman. It is not very easy to conceive of the most intense dyspnoea being present, to an extent sufficient, we are assured, to extinguish life, without the occurrence of any of the phenomena of either strangulation, suffocation or asphyxia.

The throat, in cases of membranous angina, is not, from the very onset of the disease, covered with a peculiar exudation. It often presents, at first, only a very thin coating of transparent mucus. The entire surface of the tongue is usually covered with a cream-like opaque coating, through which are seen to protrude the enlarged and reddened papillæ. There is always more or less hoarseness, and sometimes difficulty of deglutition. In the earlier stages of the disease, and sometimes throughout its entire course, there is an entire absence of cough, and of any degree of embarrassment of the respiration. The occurrence of these latter symptoms is an invariable indication that the inflammation and membraniform exudation, has spread from the fauces and pharynx into the larynx.

Dr. Darrach has stated that the morbid preparation on the table had been carefully washed, in order that the true condition of the faucial mucous membrane might be ascertained. Now, Dr. Condie desired to know what had been the appearance of that membrane previously to the washing—whether it was covered with any morbid exudation, and if so, what was the character of the exudation; what, in a word, was removed from it by the washing?

Dr. Darrach has referred to the disturbance of the respiration as the probable cause of death in the case under consideration. From its entire history, Dr. Condie would, however, rather infer that the death of the patient was the result of a general poisoning of the blood. To which cause he suspected should be referred the intense anxiety and the apparent apnoea under which the patient is described as having labored. The appearance of the lungs and heart after death were not such as would warrant, Dr. Condie thought, our ascribing the death of the patient to a suspension of respiration.

(To be continued.)

FOURTEENTH ANNUAL MEETING OF THE MEDICAL ASSOCIATION OF SOUTHERN CENTRAL NEW YORK,

Held at Binghamton, June 26 and 27, 1860.

The Association was called to order at 2 o'clock, P. M., by the President, Dr. GEO. W. BRADFORD, of Cortland county, and an appropriate Inaugural Address delivered.

The Minutes of the last meeting were read by the Secretary, Dr. J. G. ORTON, and approved.

A committee of three was appointed by the chair, on the reception of members, consisting of Drs. French, Eastman, and Reed. The following gentlemen were recommended by the committee for membership, and were, by vote of the Association, admitted, viz.: Dr. Augustus Willard, of Greene, Chenango county; Dr. L. W. Bliss, of Trumansburg, Tompkins county; Dr. Lucius French, of Lisle, Broome county; Dr. M. D. Spencer, of Guilford, Chenango county, Dr. E. H. Mason, of Towsanda, Bradford county, Pa.; Dr. E. L. Ford, of Binghamton; and Charles J. Seymour, student of Dr. J. G. Orton, of Binghamton.

The Treasurer, Dr. S. H. FRENCH, presented his report, which was accepted. It exhibited a good financial condition of the Association.

The following gentlemen were appointed as delegates to the American Medical Association, viz.: Drs. Lucius French and W. S. Griswold, of Broome; A. D. Reed and P. Burdick, of Cortland; M. D. Spencer, of Chenango; Wm. Woodward and E. L. Hart, of Chemung; L. W. Bliss and Richard Loring, of Tompkins; J. H. Tinkham and G. P. Cady, of Tioga; E. H. Mason and Daniel Holmes, of Bradford; William Fish and J. H. Mead, of Schuyler.

On motion of Dr. CRAFTS, it was resolved, that delegates may appoint a substitute to the American Medical Association, on giving up to said substitute his original certificate from the secretary.

On motion of Dr. ALLEN, the same Committee of Publication as last year was continued, viz.: Drs. Orton, French, and Green.

A committee of three was appointed, on motion of Drs. Crafts, to draft resolutions in reference to so much of the president's address as related to the decease of members, consisting of Drs. Crafts, Allen, and Hyde.

Dr. ALLEN made a verbal report from the county of Tioga, on Anginose Affections, Scarlatina, &c. The doctor did not believe that the disease called diphtheria had prevailed in his region; only a few cases had come under his observation.

Dr. CRAFTS presented a report on Surgery, from the county of Broome.

Dr. P. B. BROOKS also made a report on the same.

Dr. EASTMAN, of Oswego, presented for examination and consultation a patient with an injury of the elbow joint. It was the general opinion of the Association that there had been a fracture of the internal condyle of the humerus, without dislocation; as the injury had been of long-standing, no treatment was advised, except passive motion by the patient, and to let quackery alone hereafter.

On motion of Dr. FRENCH, a committee of one from each county was appointed to report to the secretary the present residence and post-office address of each member of the Association. The following were appointed: Drs. J. G. Orton, of Broome; L. H. Allen, of Tioga; T. Hyde, of Cortland; W. C. Way, of Chemung; A. Willard, of Chenango; L. W. Bliss, of Tompkins; N. Nivison, of Schuyler, and D. Holmes, of Bradford.

The Association here adjourned until 7½ o'clock in the evening.

7½ O'CLOCK, P. M.

On being called to order, the committee appointed to report resolutions in regard to the death of members, presented the following. The report was accepted.

Resolved, That in the death of Dr. Silas West, of Binghamton, Broome county, the late president of this Association, we deeply lament the departure of one whose moral, religious, and professional integrity has secured profound respect both from his brethren in the profession and the community in which he had spent his life.

Resolved, That in the death of Joel E. Hawley, of Ithaca, Tompkins county, this Association has lost one of its earliest founders, and the profession a valuable member.

Resolved, That the secretary be requested to forward a copy of these resolutions to the friends of the deceased.

E. G. CRAFTS,
L. H. ALLEN,
F. HYDE,
Committee.

Dr. ALLEN pronounced an appropriate eulogy upon the professional and Christian character of Dr. West, and also offered some fitting remarks in regard to the early history of Dr. Hawley.

Dr. HYDE desired to give expression of his high regard for Dr. West. From long acquaintance with him, he had always entertained the most profound respect for him as a professional brother and associate. We should ever cherish his memory with much affection, believing the example he had set before the members of this Association worthy of all commendation and imitation.

Dr. HYDE, in remarking upon the character of Dr. Hawley, recalled services rendered this Association as one of its earliest founders; he was sure many members would remember his peculiar liberality and warm-heartedness.

Dr. BURR said, as he had opportunity on other occasions, in connection with the members of the profession of Broome county, to give expression of his high esteem for the character and services of Dr. West, he would now only remark, that there was at least one peculiar trait of character belonging to Dr. West which was worthy of the highest commendation, viz.: his unflinching professional integrity, notwithstanding the many temptations constantly thrown in his way by designing individuals and pretended friends. He abhorred quackery in every form, and ever discountenanced its followers and enticements, regardless of pecuniary loss. Dr. B. cordially approved of the resolutions offered by the committee. The resolutions were unanimously adopted.

The next order of business being that of reports from committees, Dr. BURR presented a report on obstetrics, from the county of Broome, confining it more especially to the consideration of tedious labor.

A discussion arose on the relative importance of the use of the forceps and the operation of turning, as assistants in difficult parturition, which occupied very profitably the entire evening, and in which most of the members present took part.

The Association then adjourned to meet at 9 o'clock, A. M., next morning.

JUNE 27, 9 A. M.

The Minutes of the last meeting being read, were approved.

Dr. HYDE reported a case of hernia, with operation successfully performed by himself; also, a case of stone in the bladder, which he had lately removed with safety to the patient. He presented the specimens for examination.

Dr. HOLMES, of Bradford county, Pa., offered a report on surgery, from his county, and described a successful operation for stone in the bladder; also, an operation for vesico-vaginal fistula—performed according to the plan of Dr. Lines, of New York; he offered some remarks on a case of fracture of the neck of the femur within the capsule, in which bony union took place within fourteen weeks and three days.

The election of officers for the ensuing year being the special order of business for the hour of 10, A. M., resulted as follows:

For president, Dr. Nelson Nivison, of Schuyler county.

First vice-president, Dr. J. H. Arnold, of Tioga county.

Second vice-president, Dr. E. H. Mason, of Bradford county, Pa.

Recording secretary, Dr. J. G. Orton, of Broome county.

Corresponding secretary, Dr. C. Green, of Cortland county.

Treasurer, Dr. S. H. French, of Broome county. The president elect, on taking the chair, offered some very appropriate remarks, and the Association proceeded to the regular order of business, that of reports of committees.

Dr. FRENCH made a few general remarks on some of the diseases which had prevailed during the past year in the county of Broome.

On motion of Dr. ALLEN, all discussion of reports was postponed until after they had all been received.

Dr. J. G. ORTON, from the Committee on Endemics, Epidemics, and Pathology, for the county of Broome, presented a statistical report of 851 cases, which had occurred in his practice during the past twelve months, and offered remarks on the symptoms, pathology, and treatment of croup, diphtheria, scarlatina, remittent fever, &c. One death occurred in every 170 cases treated.

Dr. NELSON NIVISON presented a similar report from the county of Schuyler.

Dr. ORTON, from the Committee on Vital Statistics, stated that his report was not in a suitable condition to be presented to the Association, in consequence of the incompleteness of the returns from the United States Census Marshal, with whom he had made arrangements for reliable statistics.

On motion of Dr. CRAFTS, Dr. Orton was invited to complete his report, and present the same to the Committee on Publication.

Dr. NIVISON read an essay on the use of opium and quinine, and their physiological influence in health and disease.

On motion of Dr. BRADFORD, the treasurer was requested to address circulars to delinquent members of the Association.

Dr. J. G. ORTON offered the following resolutions, which were unanimously adopted:

Resolved, That it is the earnest desire of this Association, that a written report be made to the Committee on Medical Ethics of every instance of disregard of the code adopted by this Association, which may come under the observation of members at any time during the year.

Resolved, That it is the determination of this Association to require rigid adherence by its members to the code of medical ethics which they have adopted, and all infringements will be promptly reprimanded by censure or expulsion.

The Association then adjourned for dinner.

1½ O'CLOCK, P. M.

Dr. BRADFORD presented an elaborate paper on the absolute necessity of sanitary reform in all of the large cities of this State, and more especially in the Commercial Metropolis. From reliable statistics it was shown that from 5,000 to 8,000 deaths annually occur in New York city over and above what would be the result, under a well regulated sanitary police, and 15,040 individuals were con-

stantly sick during the year 1851, unnecessarily. Certainly these astounding facts should arouse the attention of every philanthropist to the immediate and permanent removal of the causes which have so long rendered the sanitary management of that city, reckless of human life, a disgrace to the Empire State, and to the whole country. This humane object can only be accomplished by an earnest appeal, nay, an imperative demand in the name of humanity, that our State Legislators shall enact during their next session, such laws as shall place the entire management of sanitary affairs in the hands of a Sanitary Commission, composed of Medical men, known to the profession and the State, as eminent and highly qualified to discharge the responsible duties incumbent upon them.

It would give us much pleasure to present in full this valuable paper of Dr. Bradford's for the attention of our readers, but we understand it is the intention of the Association to publish a volume of its transactions this year, in which, of course, it will be found entire.

The following resolutions offered by Dr. Bradford were unanimously adopted:

Resolved, That in the opinion of the members of the Medical Association of Southern Central New York, composed of the regular practicing Physicians and Surgeons of the counties of Broome, Cortland, Chemung, Tioga, Tompkins, Chenango, Schuyler and Bradford, Pa., it is necessary for the well-being and proper sanitary condition of the great Metropolis of our State and Commercial Emporium of our nation, that its sanitary police regulations, and in all that pertains to the prevention and removal of every source of pestilence and disease, should be intrusted only to those individuals well versed in medical science; who, in our opinion are far better qualified to stay the progress of disease and pestilence than those having no knowledge of the medical art.

Resolved, That it is due to the citizens of this State, and of every State of the Union, as well as to the city itself, that in our daily intercourse with it, we should be protected from the pestilential sources of disease there generated, and which are now uncontrolled or disregarded by the legal guardians of the health of the city. Our interests, our safety and the prosperity and well-being of the Metropolis of our State, are with the inhabitants of the city, and with these we rejoice in all its growth and its wealth; and with them, too, to see its Sanitary interests above reproach. But under the present condition of things we are ashamed that the whole of the legal guardians of the public health should be placed in the hands of a class of men who are entirely ignorant of the first laws of sanitary reform.

Resolved, That we feel it incumbent upon the city authorities, and of the State Legislature, to at once institute such changes in this respect as shall put the preservation of the health of the inhabitants of the city and State on a scientific basis, and thus remedy the existing evils. We feel that a city possessing all the natural and local advantages pertaining

to New York, should not be compelled to stand on the highest scale of mortality of any city in the civilized world.

Resolved, That we deeply sympathise with the Medical profession in the city of New York, that with all their learning, their known varied scientific acquirements, their benevolence and their laudable endeavors to promote a reform in the sanitary condition of their city—they are subject to the mortifying position of seeing the guardians of the public health of their city, wrested from them and placed in the hands of a class of men who have no proper knowledge of their duties, and whose only qualifications for the places they hold, consists in being reckless, partisan politicians.

The special order of business being that of the annual address of the retiring President, Dr. Geo. W. Bradford, it was now delivered.

It was prefaced by a consideration of the true method of observing disease.

The importance of an accurate diagnosis of all diseases coming under the care of the physician, especially those occurring endemically or epidemically, was fully exemplified and appropriately urged upon the profession. The disease called diphtheria, was ably discussed as to its characteristic symptoms, pathology and treatment.

On motion of DR. ALLEN a vote of thanks was tendered to Dr. Bradford for his instructive, interesting and able address, and a copy requested for publication.

An invitation was received through Dr. Burr, from his Honor, Judge Balcom, inviting the members of the Association to visit the Law Library of the Supreme Court, and he would also be pleased to receive them at his private rooms adjoining. The invitation was accepted.

An informal discussion on the subject of diphtheria was here entered upon by many members, and occupied the remainder of the session.

On motion of DR. FRENCH the Association adjourned *sine die*.

Florence Nightingale on "Disinfectants."—Let no one depend upon fumigations, disinfectants, and the like, for purifying the air. The offensive thing, not its smell, must be removed. A celebrated medical lecturer began one day, "Fumigations, gentlemen, are of essential importance, they make such an abominable smell that they compel you to open the window."

I wish all the disinfecting fluids invented made such an "abominable smell" that they forced you to admit fresh air. That would be a useful invention.

A dark house is always an unhealthy house, always an ill-aired house, always a dirty house. Want of light stops growth, and promotes scrofula, rickets, etc., among the children. People lose their health in a dark house, and if they get ill they cannot get well again in it.

—*Florence Nightingale.*

EDITORIAL DEPARTMENT. THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 14, 1860.

REFORMS IN MEDICAL EDUCATION.

Whoever will impartially compare medical science, as taught in our colleges thirty or forty years ago, with the average status of teaching in our medical schools at the present time, must come to the conclusion that there has been a gradual, but very decided progress; and this is the more pleasing to contemplate, because it has been almost entirely spontaneous—not the result of any coercive measures.

Yet much remains to be done. In many departments of medical science, our teaching at present is deficient, while other branches of great importance are not taught at all. We will be able to present our views on this subject much more clearly by taking up the more important branches of medicine, and discussing them seriatim.

Anatomy.—In most of our schools practical anatomy is prosecuted with great zeal; yet a certificate of having devoted a certain time to the study of this science in the dissecting room is not made a peremptory requisite of graduation, as it should be. No man can study anatomy from books and plates. He may, by severe memorizing, enable himself to pass an examination; yet this can hardly be considered the kind of anatomy that is wanted for the successful and intelligent practice of medicine and surgery. It is the habitual use of the scalpel in dissecting the dead body, that gives precision and certainty to the hand and eye, and mind of the surgeon, when using bistoury or catline, and aids the physician in locating, by means of physical exploration, disease. It would be a waste of paper and ink, and an imposition upon our readers, to argue a point, the truth of which is so apparent at a glance. While giving due credit to what has been done in the study and advancement of anatomy in our schools, we would suggest that one of the much needed reforms in medical education is, that the pro-

section of practical anatomy should be made a *conditio sine qua non* of graduation; for incredible as the statement may appear, we know of, and could cite many instances of persons obtaining diplomas, and being thus admitted to all the immunities and responsibilities of medicine, who had never handled a scalpel upon a cadaver.

Similar remarks apply to *Chemistry*. Chemistry cannot be studied to any advantage from books alone, or from listening to lectures, however amply illustrated by experiment. A few months spent in the practical manipulations of the laboratory, in simple experimental and analytical chemistry, are indispensable requisites for a sound medical education. Certificates that the candidate has devoted a certain time to this purpose, should be required of the candidate for a degree.

Physiology.—This is all-important, and in proportion as modern science—pathology, and, to a great extent, rational therapeutics—is based upon physiology, must be the reforms, must be the progress yet to be accomplished, before we can claim that our present system of medical education comes up to the requirements of the age. Let us recollect that it is but a very few years ago since physiology has become an acknowledged special branch at all, in most of our schools. Under the term "Institutes of Medicine," generally appended to some other chair, it is true the student was taught some physiological facts, mingled, however, with a mass of theoretical rubbish, that tended more to bewilder than to enlighten him. Since the days of Magendie, physiology has derived a new impulse. The principle that physiology must be studied as much as possible on the living organism, it being the study of the phenomena of life, has alike caused the downfall of the chemical physiology introduced by Liebig and his followers, which drew its inferences from crucible and test-tube, outside the living body, and the theory of vitalism, until modern physiology has arrived at a stage which may be truly called, to use a metaphysical phrase, the stage of *realism*. Digestion, absorption, assimilation, circulation, respiration, secretion, and

excretion, must be studied experimentally if we wish to obtain a clear insight into physiology. Plates and diagrams can no longer supply the scalpel, the gastric fistula, the galvanometer, the test-tube, nor is it possible to derive a correct appreciation of the functions of the nervous system from anything short of observations of nervous phenomena during life. The objections once raised against vivisections have been triumphantly silenced by the glorious discoveries of Bernard, Brown Sequard, Marshall Hall, Du Bois Reymond, Dalton. It is, indeed, experimental physiology *par excellence*, that characterizes the progress of medicine at this time. Of course it cannot be expected that the changes and reforms in this department, which has so rapidly grown in importance, should be carried out at once and suddenly. They must take place gradually. Yet, by well directed efforts of the medical press of the country, and those interested in medical education, the time can be hastened when physiology will occupy its proper place among the branches taught in medical colleges. A small but energetic army of enthusiastic and intelligent physiologists are at work. It will not be long before their influence will make itself felt in the proper quarters.

Clinical Medicine.—With much propriety hospital and bedside teaching is insisted upon by those anxious to improve the present system of medical education. Mere didactic ex-cathedra teaching is not sufficient to make an efficient practitioner. Our hospitals should be more and more thrown open to clinical teaching and to clinical teachers. In our larger cities, much has already been done in this respect. Still there is ample room for improvement.

In *Surgery* there are many blanks to be filled. Ophthalmic and aural surgery have not yet received that share of attention in the regular curriculum of studies which they demand. To operative surgery more attention will in time be paid.

Midwifery.—The peculiarities of American life render the establishment of obstetric clinics difficult. Yet these very peculiarities tend to throw much more responsibility upon

the practitioner in our country, than elsewhere. It should be made an imperative requisite of the candidate for graduation to have attended a certain number of cases under the supervision of his teacher, and practiced all the various operations of midwifery satisfactorily upon the manikin.

Medical Jurisprudence.—It is a curious fact that our country can boast of the most voluminous and comprehensive work on Medical Jurisprudence, while this practically important part of our science is entirely neglected in the schools. The honor, the reputation of the physician, the safety of the community, and the liberty and life of his fellow-man frequently depend upon his testimony. The ignorance displayed not unfrequently by medical witnesses, their looseness of expression, indicating a looseness of ideas regarding medico-legal questions, has perhaps contributed more than anything else to lower the estimation of our profession in the eyes of the public. It cannot be otherwise, when in reference to his duties relating to the Commonwealth, the young graduate walks out of the College halls entirely ignorant. The first case to which he may be called after locating himself, may be one of a criminal nature. He is to distinguish, perhaps between drowning, suffocation and strangulation. Good fortune and a certain amount of common sense may, perhaps, guide him to a proper opinion in the case. Yet these are not the only qualifications to enable him to give a scientific medico-legal opinion. We hold that medical jurisprudence and public hygiene must in time be made a special part of our medical teaching. They are studies, which cannot be exhausted in a dozen lectures; and we believe that this is about all allowed to them in those Colleges where they are taught, while in most, medical jurisprudence forms but nominally a branch of instruction. Reform is necessary, in this respect, more perhaps than in any other. It is ridiculous to instruct the student *how* to give medical evidence, when the *substance* of medico-legal questions is to him a hidden thing. Instruct him in the latter, and he will know the "how."

SELLING POISONS.

It is to be feared that the National Sanitary Convention, lately convened at Boston, has made a great mistake in postponing indefinitely the important subject of restricting the sale of poisons. From the outlines of the proceedings and debates, which we have published in a previous number, it will be seen, that a report on the subject was presented by Dr. Guthrie. This report concluded with the general draft of a law regulating and restricting the sale of poisons, to be recommended for adoption to the various legislatures of our country.

We are not quite sure, that the law proposed by Dr. Guthrie meets our approbation. Indeed, it contains some features which seem to us very obnoxious, and which we would oppose with all our might. There is no necessity to make a discrimination, as is done, in that draft, between those holding a diploma from Colleges of Pharmacy and the mere pseudo-pharmaceutist, as far as the sale of poisons is concerned. The restriction should be universal. A dose of arsenic or strychnia will kill all the same, whether dispensed by the most learned graduate of a College of Pharmacy, or sold by some idiotic shop-boy. This discrimination has furthermore the great objection that it will arouse a violent opposition from those who are not graduates of Colleges of Pharmacy.

While disagreeing in this respect with the report of Dr. Guthrie, we cannot but lament the fact that the convention has, by postponing the subject indefinitely, thrown a great stumbling-block in the way of sound legislation on the subject. The opinions set forth during the discussion are by no means calculated to offer arguments to those friendly to its legislation. And yet we have to hear the first sound reason why the indiscriminate sale of poisons should not be restricted. The storage and sale of gunpowder is restricted; so is the sale of bad meat. Yet in most of the States of this Union, with but few exceptions, the poisoner can procure his agencies of murder by the pound, without "questions asked." Insane, idiots, and children, can procure quantities of

the most subtle poisons to their purse's extent. Still, it is considered "unwise for a Sanitary Convention to take any steps in this matter;" a logic which we honestly confess not to understand.

Our readers will have seen from the report of the American Medical Association, that the same subject was brought before that body, by delegates from New Jersey, and strong resolutions in favor of restrictive measures were adopted. We think this more in accordance with the demands of our age than the indefinite postponement at the Sanitary Convention, so much to be regretted. Meanwhile we trust that our friends who are enlisted in this humane and truly necessary movement will keep up their work, until success crowns their efforts. A few active and energetic men in each State can accomplish a great deal, in spite of indefinite conventional postponements.

Who volunteers?

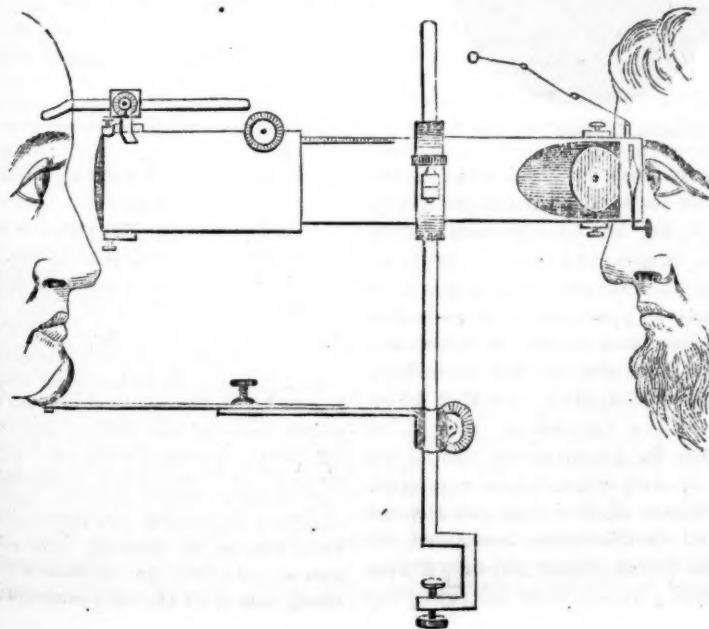
THE OPHTHALMOSCOPE.

Since the invention of the first ophthalmoscope by Helmholtz, in 1851, this valuable instrument in the diagnosis and study of diseases of the eye has undergone many improve-

ments. One of the latest instruments of the kind, and which presents many advantages, is the one represented in the subjoined figure, constructed by Dr. Liebreich, first assistant to Prof. Graefe, of Berlin. We have lately had an opportunity, through the kindness of Dr. Osmun, of this city, to examine several cases by means of this instrument, which is exceedingly well adapted to all the purposes of the ophthalmologist.

The instrument is composed of two brass tubes, about two inches in diameter, the outer tube being movable by means of a small cog-wheel on the top. In the tube which is turned towards the observer, there is an opening in which a small, slightly concave, metallic mirror is fixed by means of two springs, so that it may be easily turned on its vertical axis, while behind the mirror a small, No. 8 or 10, double-convex lens is placed.

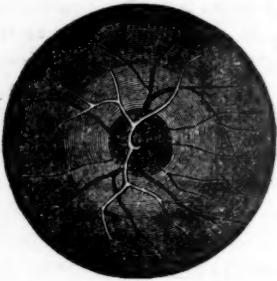
In the other tube, at the end towards the patient, a large, powerful, double-convex lens is fixed, in the same manner as the mirror. On the upper side of this tube there is a movable rest for the forehead of the patient, by means of which his head may be held at the distance desired from the instrument. In or-



der to keep the head of the patient more firmly in position, the instrument is provided with a rest for the chin, which is attached to the brass rod supporting the tubes, and is fastened to the edge of a table by means of a screw. The tubes, as well as the chin-rest, may be raised or lowered at pleasure. To give the patient's eye the proper direction, he is made to look at a little movable ball, which is fixed to the ocular end of the instrument by means of an extension with movable joints.

The light which is reflected from the mirror upon the retina is, as in all ophthalmoscopes, an ordinary lamp-light, so placed that the light will strike the mirror, whence it is thrown into the pupil.

The following cut illustrates the healthy appearance of the retina, showing in the centre the entrance of the optic nerve, and the vessels distributed upon the retina—arteria centralis retinae, with accompanying veins.



It affords us much gratification to find how frequently the matter published in the REPORTER finds its way into other journals. Thus, for instance, we engaged a medical gentleman, who adds to his professional attainments the accomplishment of phonography, to go to New Haven and furnish us a report of the proceedings of the American Medical Association. This we published within a week after the adjournment of the Association. Now it has already made its appearance in two of the monthlies for July which we have received. The New Orleans *Medical News and Hospital Gazette*, and the Cincinnati *Lancet and Observer*. The former journal gives the REPORTER due credit; but the latter fills twenty-two

of its pages with this report, copied *verbatim et literatim* from the REPORTER, without the least acknowledgment whatsoever; and in an editorial that journal has the boldness, besides, to refer "to the full report of the proceedings, which appears in this number of this journal." Will the *Lancet and Observer*, to whose editorial staff, by the way, Prof. Weber, of Cleveland, has been added, be kind enough to give us credit in its next number, and send us the copy?

We are also highly flattered that the St. Joseph *Journal of Medicine and Surgery* agrees so entirely with some opinions expressed by ourselves, that it adopts even the same language, in some editorial remarks on various subjects. The coincidence is certainly remarkable. We would suggest to the "Journal," and other journals, that if they cannot get along without copying, and find it repugnant to their moral sense to give the credit due among honorable writers, at least to alter the phraseology so that their plundering propensities are not too apparent. It is humiliating to us, as American journalists, to be obliged to speak thus, yet the literary piracy rampant, especially in the medical journalism of this country, is such, that it would be a neglect of duty on our part did we not occasionally remind those engaged in it to mend their evil ways.

European Correspondent.

Liverpool, June 30, 1860.

Editors of Medical and Surgical Reporter.

GENTLEMEN:—I take pleasure in addressing you the first of my European letters. I shall endeavor to fill them as much as possible with whatever I may see new, remarkable, or interesting.

As it is, as yet, too soon after my arrival in England for me to have collected there any facts or incidents connected with medicine which could be of any interest to your readers, I shall give a slight sketch of the life and duties of the surgeon of an emigrant ship. Having been one myself, I may be considered competent to give a description of them. These surgeons are generally young men, and almost always Americans; for there is such a desire among them to see Paris and London, if it be only

JULY 14, 1860.]

CORRESPONDENCE.

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for two or three weeks, that physicians (and in the summer months more than are needed) can be found to take the voyage in this manner, although no compensation is attached to the office.

If any vessel should sail from Philadelphia without having been provided with a surgeon, it is necessary for the captain to engage one in Liverpool for the return voyage, as by the English laws every emigrant ship must have one on board. The laws of the United States are silent on the subject; and indeed there were none in England until they were rendered necessary by the terrible mortality which occurred. Seven or eight hundred were carried habitually in vessels smaller than those which are now only allowed to carry half that number. Typhus fever and malignant dysentery would break out and decimate the passengers, while the captains and owners of vessels, hardened by habit and countenanced by the customs of others, looked on their sufferings with indifference. The horrors rivalled those of the slave trade, the more nearly as in the latter it is the interest of the captain to endeavor to preserve life by ventilation, cleanliness, &c.; while in the emigrant ships (though, of course, they were never half so full) when once the passage money was received, all interest in the welfare of the crowd ceased.

At last the climax was reached, and reaction ensued; and now, although there are sometimes nauseous odors and dirt enough to disgust, yet typhus is unknown. Very lately, however, the emigration has taken a fresh start, and this will render increased vigilance necessary to preserve health.

The duties of a surgeon on board of an emigrant ship are unfortunately not defined. It is not with him as with the surgeon in the navy, who knows precisely what is expected of him, and who has definite rights and responsibilities. In an emigrant ship, on the contrary, although the responsibility is great, the rights are few. If fever should rage in the steerage, he must bear great part of the blame; but he has no power over the hygiene of the ship by which to prevent it, and on a ship hygiene is far more important than medicine. He, however, has the power of recommendation. He should, therefore, if the crowd be great, advise that they all should be compelled to remain on deck for at least an hour or two every day, when the weather will at all permit it; and that all possible means of ventilation should be resorted to at all times.

Once in every week or two, or oftener if necessary, chlorine, or some other disinfecting agent, should be employed; or perhaps a better plan may be to have a little chlorinated lime sprinkled here and there every day, so as to keep the faintest possible odor of chlorine constantly perceptible.

With these precautions, and even without them,

if the number of passengers do not exceed two or three hundred in a large ship, there can be very little doubt of being preserved from typhus fever.

There are, however, other and minor evils which sometimes arise and give the surgeon some trouble and anxiety. Thus small pox may break out and render a vaccination on all hands advisable; or, (what will matter still less), measles or chicken pox may cause an increase of the weeping and gnashing of teeth, which are so often heard on descending from the deck into those lower regions of the steerage.

Last of all I must mention the possibility of one or two little strangers arriving on board ship; but perhaps your obstetrical readers may not thank me for classing births among the evils.

The state of health of the passengers coming towards America is generally good on entering the ship, and they will often go the whole distance without a single death among 400 to 600, even though the voyage may be prolonged to six weeks, or upwards, as it often is. Perhaps, however, more frequently one or two babies, and perhaps an adult, will be sewed up in canvas, and with weights added, be dropped over the ship's side to find a grave far below the surface of the water.

On the passage to Liverpool, a large packet ship will, in summer time, usually carry from 50 to 150 steerage passengers, and yet there will often be more sickness than when going the other way, as many are going back to Ireland for their health, and often some will be found in the last stage of consumption. They are generally, however, in better circumstances, more intelligent, and more cleanly, often having made money in the States and going back for pleasure.

The emigrant ships are by the English laws required to have on board amputating instruments, trephining instruments and obstetrical forceps; also a very good supply of medicines, together with arrow root, sago, &c. They must also have two hospitals, one for the men and one for the women. To one whose ideas of an hospital have been framed from the clean and spacious wards of the Philadelphia institutions, it will appear strange to give the name to a little, dirty, unpainted and uncarpeted room, with one window less than a man's head, or instead of that, perhaps only a skylight of about half the size; and filled until wanted for use with barrels, tarry ropes, &c. Yet so it is.

When it becomes necessary for an English surgeon to be engaged in Liverpool, the usual process is to apply to an apothecary, who on the payment of 20 or 25 pounds sterling, will provide one for the ship. All of this money, however, does not go to the surgeon, for in a recent instance I was informed, that only twelve pounds out of twenty-six went to

him, on whom all the work devolved. The reason that under these circumstances, they do not take some more direct way of supplying themselves, such as for example by advertising, is that they are afraid that the surgeon thus obtained would not be passed by the inspecting officer, and thus trouble and delay might be caused. Whether all the difference between the sum paid by the captain, and the sum received by the surgeon remains in the apothecary's hands, or whether some of it goes as a bribe, is a matter, which it perhaps may be well not to examine into too closely. It is found that a great reluctance is sometimes shown in the appointment of American surgeons to American ships, even if they show diplomas from the very oldest and best known of American colleges.

There need not be much said as regards the duties when on board ship. They are usually not at all arduous. A visit in the morning, passing along between the double rows of berths, four feet on each side, and stopping a little here and there, is all that is necessary. Purgatives will be often asked for—there will be no doubt of that, for constipation is almost universal at sea, even among those who are not much sea-sick.

Another visit in the evening is also advisable; for, if it be not paid, a midnight summons will be very apt to occur.

I trust that the above sketch of life on an emigrant ship may prove useful to some of your readers. If it should be found interesting to any of them, it will fulfill the wishes of

Yours truly,
"M. D. ABROAD."

News and Miscellany.

St. Joseph's Hospital.—A portion of the wards of this institution will soon be temporarily vacated during the enlargement of the hospital building.

Dr. Daniel Ayres., one of the Surgeons of the Long Island College Hospital of Brooklyn, has been elected corresponding-member of the Obstetrical Society of Berlin.

During the last Session of the New York State Legislature, a charter was granted to the Brooklyn Medical and Surgical Institute, for the purpose of establishing and maintaining an Infirmary and Medical College, with power to grant the degree of Doctor of Medicine. We hear that the institution is soon to be organized. Dr. Louis Bauer is one of the incorporators.

Army and Navy.—The following promotions and appointments to date, from June 22, 1860, were confirmed by the Senate on that day, viz. :

Assistant Surgeon Richard F. Simpson, to be Surgeon.

Assistant Surgeon Richard H. Coolidge, to be Surgeon.

Assistant Surgeon Charles C. Keeney, to be Surgeon.

Assistant Surgeon Robert Murray, to be Surgeon.

De Witt C. Peters, of New York, to be Assistant Surgeon.

Charles Henry Alden, of Pennsylvania, to be Assistant Surgeon.

Warren Webster, of Massachusetts, to be Assistant Surgeon.

John Vansant, of the District of Columbia, to be Assistant Surgeon.

Charles C. Byrne, of Maryland, to be Assistant Surgeon.

Archibald M. Fauntleroy, of Virginia, to be Assistant Surgeon.

Assistant Surgeon E. J. Bailey, Medical Department, has been ordered to report to Major C. F. Ruff, Regiment of Mounted Riflemen, for duty with the expedition against the hostile Comanches and Kiowas.

Inefficiency of Legislative Protection.—The London *Journal of Gas-lighting*, in speaking of the recent fatal explosion in the mines, and of the unprecedented series of shipwrecks, intimates that the legislation for the purpose of protecting persons from such accidents has defeated its own ends, and tended rather to increase the evil.

Scientific Titles.—Retzius, the great Swedish anatomist, whose death was lately announced, held two orders of knighthood and many honorary titles. He belonged to a great number of scientific societies throughout the world. A list of these societies, published in his biography, occupies more than two pages.

Coloring the Bones of a Fetus by Mixing Madder with the Food of the Mother.—At a recent meeting of the Academie des Sciences in Paris, M. Flourens, according to the *Gaz Hebdom.*, presented a fetus whose bones and teeth were all of a most beautiful red. The mother had been subjected to a diet mixed with madder during the last twenty-five days of gestation. The same phenomenon has frequently been observed in lower animals.

Effect of the Improvement of Fire-Arms upon the Numbers hit in Battle.—Marshal Saxe used to say, that, to kill a soldier, the man's weight of lead must be expended. This saying, though strange, has been verified in modern times, with all the improvements lately introduced. At the battle of Solferino, according to pretty accurate calculations, the Austrians fired 8,400,000 rounds. The loss of the French and Piedmontese is reckoned at 2,000 killed, and 10,000 wounded. Each soldier hit has, therefore, cost 700 rounds, and every man killed 4,200. Now, as the mean weight of balls is one ounce, 272 pounds of lead were used to kill a man, so that the old assertion of Marshal Saxe is still true.—*Journ. des Conn. Méd. Chirurg. et Gaz. Méd. de Lyon.*—(Med. News.)

Underground Gas-leakage.—The leakage of gas from the pipes under ground in the city of London, amounts to one million cubic feet a day. The attention of sanitarians is being attracted to the subject. The soil is said to be darkened, and the emanations from it very offensive. The air of basements of houses, cellars, and sewers, is impregnated with the gas which saturates the soil. The remedies suggested are to make the gas free from the offensive contaminations of ammonia and sulphur, and to construct the joints of the pipes more firmly.

Similia Similibus.—In an old book, published before Hahneman was born, is the following homeopathic "receipt for worms":

"Nothing is better for worms in children than the worms themselves dried on a red-hot tile, or any thing else, and reduced to powder. Give this powder to the sick children, and it will expel all those with which they are troubled."

Dr. Brown Seguard, has been elected a Fellow of the Royal Society of England.

The *Epitome of Braithwaite*, which was promised to be completed in five parts, at the cost of five dollars, and of which four parts are already issued, is now, in opposition to the agreement with subscribers, announced to have a sixth part added to it, and for which another dollar is demanded from subscribers. It was distinctly stated in the prospectus and in the advertisement, that the price of the

"Epitome complete would be five dollars," and on these terms subscriptions were taken for the work.

Whether a supplement is to be finally added, for which still another dollar is to be extorted from those who, in good faith, have paid for the first four volumes, is not announced, but the subscribers being "in for it" by a cash investment, it is possible that the game might thus be continued for the benefit of the publishers.

We have already expressed a favorable opinion of the merits of the Epitome in itself; but this method of conducting the publication of a medical work partakes too much of the speculative character of the "commercial metropolis." Some dissatisfaction about the matter has been expressed by subscribers in this city.

The New York Medical Press has ceased to exist—one of the editors being obliged frequently to go to Canada, and the time of the other being taken up by hospital and private practice. The subscription list of the *Press* has been transferred to Messrs. Baillière, publishers of the *American Medical Times*.

Prof. Gustav E. Weber, of Cleveland, has been added to the editorial staff of the *Cincinnati Lancet and Observer*.

Answers to Correspondents.

COMMUNICATIONS RECEIVED.—*Connecticut*, Dr. A. Woodward (?)—*England*, "M. D. abroad"—*Georgia*, Dr. L. J. Robert—*Illinois*, Dr. H. F. White, Dr. E. D. Gates—*Kentucky*, Dr. W. T. Polk, [with encl.]—*Mississippi*, Dr. T. S. West—*New Jersey*, Dr. J. T. Calhoun, [with encl.] Dr. J. S. Cohen, Dr. Gg. Haines, [with encl.] Dr. Price—*North Carolina*, Dr. H. M. Whitley, [with encl.]—*Pennsylvania*, Dr. James McMullin, Dr. Henry Ruby, Dr. E. K. Webor, [with encl.] Dr. D. G. Schoner.

Office Payments.—Dr. D. Parrish Pancoast. By Mr. Swaine Drs. Wm. Reed, Campbell, Morehouse, Hall, Gebler, Pierroll, Griffith, Parker, S. T. Beale, Weber.

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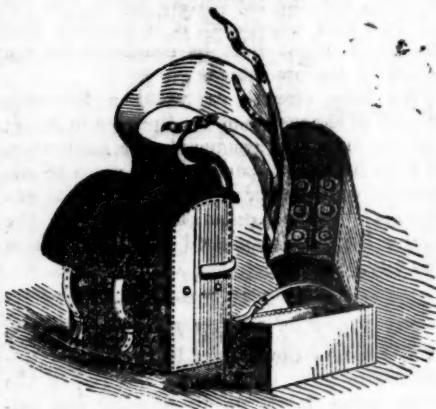
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" 1 Mortar, "	"	"		\$15 50
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Trusting that you will continue your efforts to relieve your afflicted fellow creatures, I remain, very sincerely yours,

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SESSION OF 1860-'61.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.	
HENRY HARTSHORNE, M. D.,	Practice of Medicine.
LEWIS D. HARLOW, M. D.,	Obstetrics, &c.
WILLIAM S. HALLEY, M. D.,	Surgery.
WM. HEMEL TAGGART, M. D.,	Materia Medica.
JAMES ALLEN MEIGS, M. D.,	Institutes of Medicine.
WM. H. GOBRECHT, M. D.,	Anatomy.
THEODORE A. DUMÉ, M. D., Demonstrator of Anatomy.	

The session of 1860-'61 will commence on Monday, 5th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Grading Class, after the close of the Lectures, as possible.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in this city.

FEES.

Matriculation, (paid once only)	15 00
For each Professor's Ticket,	15 00
Graduation,	30 00
Lewis D. Harlow, M. D., Prof.	120 00

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